MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	10/563026

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2								52		1				
3								53	1					
4								54		1				
5								55		1				
6								56		1				
7								57		1				
8								58		1				
9								59						
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29								79						
30								80						
31								81						
32								82						
33								83						
34	1		1					84						
35			1					85						
36			1					86						
37			1					87						
38			1					88						
39			1					89						
40			1					90						
41			1					91						
42			1					92						
43			1					93						
44			1					94						
45			1					95						
46			1					96						
47			1					97						
48			1					98						
49			1					99						
50			1					100						
TOTAL IND.	↓		↓		↓			TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	←		←		←			TOTAL DEP.	23	←		←		←
TOTAL CLAIMS								TOTAL CLAIMS	25					

PTO - 1360 (REV. 11/94)

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